Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-005371
STATE FILE NUMBER

FILED MAR 4 1959 Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 21

| | |
|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY: Iron<br>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Ironton — Inside Limits: Yes [X] No [ ]<br>c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Mary Hospital — Length of stay in 1b | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE: Missouri b. COUNTY: Washington<br>c. CITY OR TOWN: Potosi — Inside Limits: Yes [ ] No [X]<br>d. STREET ADDRESS (If outside, give location): 1 Mile North Of Potosi — Reside on Farm: Yes [ ] No [X] |

3. NAME OF DECEASED (Type or print): First — Middle — Last: Rolens
4. DATE OF DEATH: Month Day Year: Feb. 19, 1959

| 5. SEX | 6. COLOR OR RACE | 7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ] | 8. DATE OF BIRTH | 9. AGE (In years last birthday) | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | | Feb. 18, 1959 | | | | 3 | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| None | None | Ironton Mo. | U.S.A. |

| 13a. FATHER'S NAME | 13b. MOTHER'S MAIDEN NAME | 14. NAME OF HUSBAND OR WIFE |
|---|---|---|
| Leroy Rolens | Marian Kathcart | |

| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT | Address |
|---|---|---|---|---|
| No | None | None | Leroy Rolens | Potosi Rt. Mo. |

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Asphyxiation (prolapsed cord) — INTERVAL BETWEEN ONSET AND DEATH: 3 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) premature birth (35 weeks) — "
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 7615
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

| 20a. ACCIDENT [ ] | SUICIDE [ ] | HOMICIDE [ ] | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
|---|---|---|---|
| 20c. TIME OF INJURY: Hour a.m. p.m. | Month, Day, Year | | |
| 20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION — COUNTY — STATE |

21. I attended the deceased from 2-18-59, to 2-19-59 and last saw him alive on 2-19-59
Death occurred at 12 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

| 22a. SIGNATURE (Degree or title) | 22b. ADDRESS | 22c. DATE SIGNED |
|---|---|---|
| R. E. Harland, M.D. | Ironton, Missouri | 2-23-59 |

| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Feb. 19, 1959 | St. James Cemetery | Potosi Missouri |

| 24. FUNERAL DIRECTOR | ADDRESS | 25. DATE RECD. BY LOCAL REG. | 26. REGISTRAR'S SIGNATURE |
|---|---|---|---|
| Arthur J. Smith | Potosi Mo. | 2-20-59 | Mae Ann Jones |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by .....No Embalm....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Arthur W. Smith

Licensed Embalmer No.....

P. O. Address Potosi Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.